

## CLAIMS ONLY

Application Number

10/685274

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	1					
16						
17						
18						
19						
20						
21	1					
22						
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24						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims	10					

*	*	*	*	*	*
51					
52					
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98					
99					
100					
Total Indep					
Total Depend					
Total Claims					